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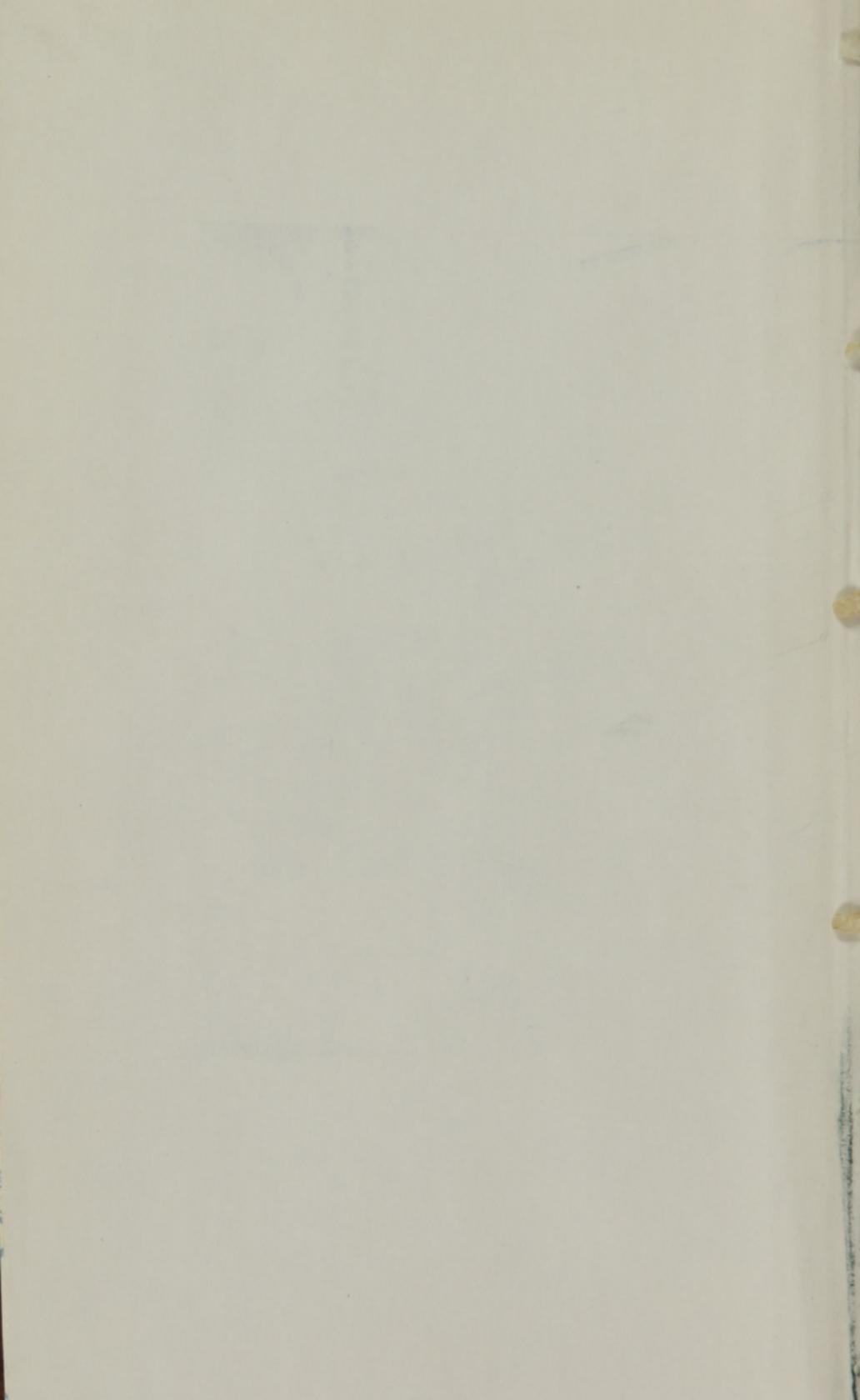


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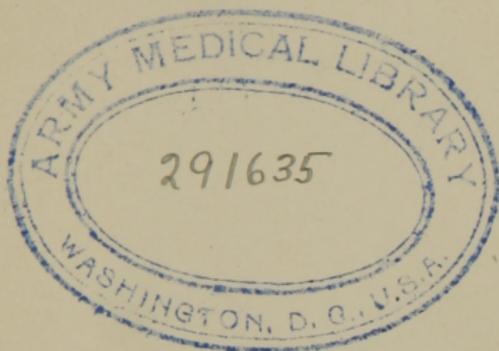
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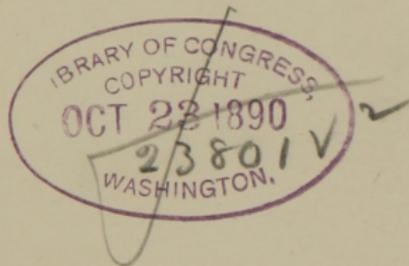
THE "RED CROSS" SERIES.

# "WHAT AILS THE BABY?"



BY

JOHN DEWAR, M.D.



New York:  
BRENTANO'S.

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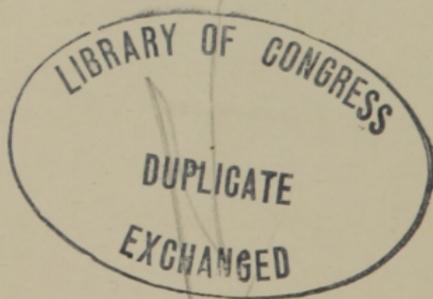
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## P R E F A C E .

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“**A**N ounce of prevention is worth a pound of cure.” - We all acknowledge the wisdom of that old proverb, but are not so ready to apply its principles. Thus it is that the majority of mankind at some stage of their existence find themselves seized with an illness that might easily have been prevented.

How to prevent preventible diseases? How to recognize disease at its very onset, so as to give the physician and his remedies a fair chance? What to do to relieve the patient until the physician arrives? To the answering of these and suchlike important questions the Red Cross Series of Health Handbooks will be devoted, and as this is the initial volume it seems fitting to commence at the beginning—viz., with the baby. We have excellent treatises on raising horses, cattle, hens, pigs, fishes, and almost every living

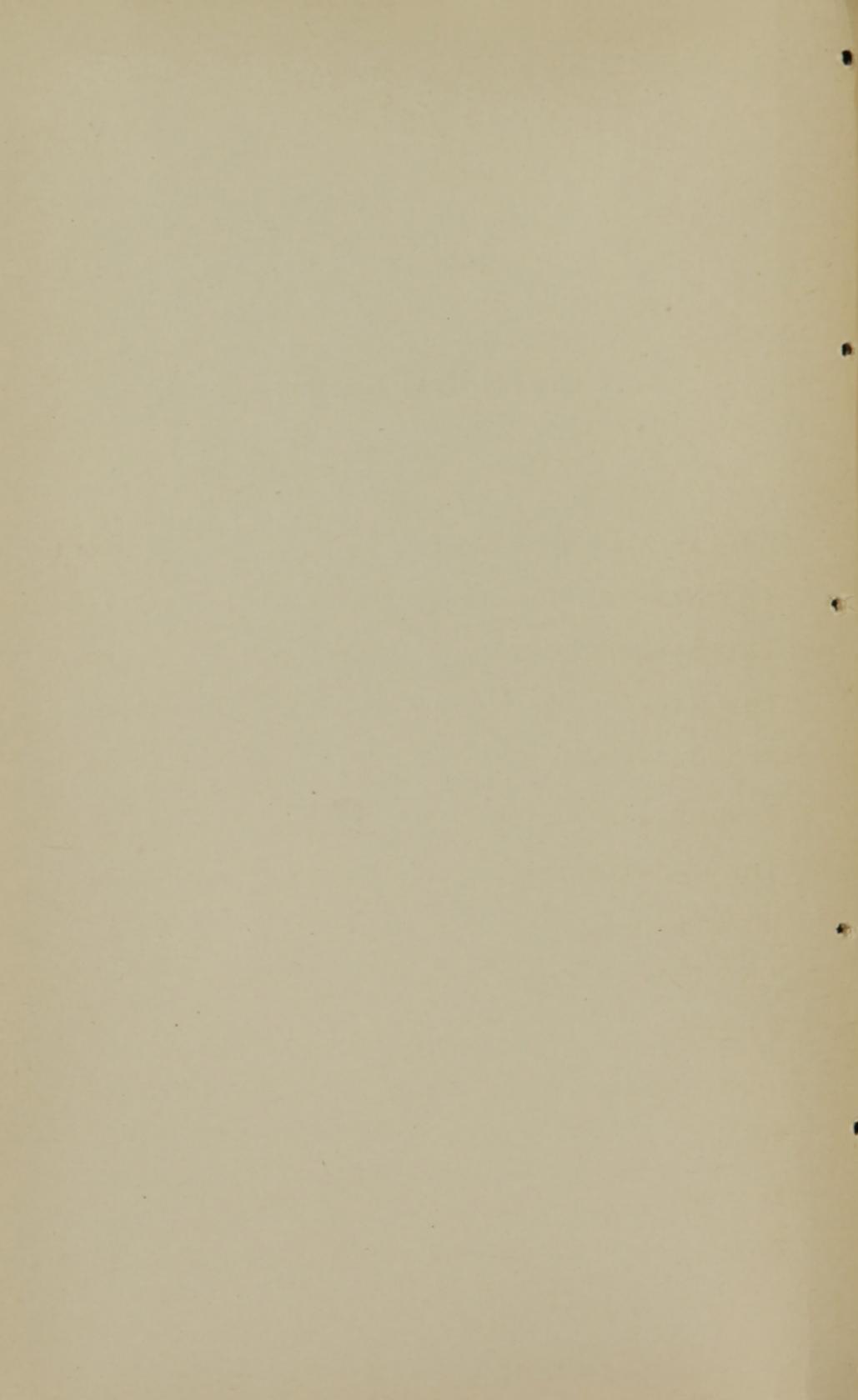
creature, but scarcely one practical treatise, concise and free from technical phrases, on the "raising of the baby," giving special instructions and directions for the first year of life which is frequently so terribly fatal—fatal from preventible causes.

Addison in his Allegory, "The First Vision of Mirza," compares human life to a bridge standing in the midst of the tide, consisting of three-score and ten entire arches, with several broken arches, making a total of about one hundred. "As I was counting the arches, the genius told me that this bridge consisted at first of a thousand arches, but that a great flood swept away the rest and left the bridge in the ruinous condition I now beheld it. 'But tell me further,' said he, 'what thou discoverest on it?' 'I see multitudes of people passing over it,' said I, 'and a black cloud hanging on each end of it.' As I looked more attentively I saw several of the passengers dropping through the bridge into the great tide that flowed underneath it, and upon further examination perceived there were innumerable trap-doors that lay concealed in the bridge, which the passengers no sooner trod upon but they fell through into the tide, and immediately disappeared. These hidden

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pitfalls were set very thick *at the entrance of the bridge*, so that throngs of people no sooner broke through the cloud, than many of them fell into them. They grew thinner towards the middle, but multiplied and lay close together towards the end of the arches that were entire."

*What* ails the baby, and *why* baby ails, it is the object of this little book to show; and it is hoped that by its perusal many young mothers may be saved hours of needless anxiety and many young lives preserved.



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## “WHAT AILS THE BABY?”

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### “WHAT AILS THE BABY?”

“SOMETHING ails the baby, I know!”  
“Baby is not well; I know he is not.”  
“He is not thriving, and I don’t know what to do with him.” Such are often the utterances of the young and anxious mother.

No wonder baby does not thrive; and it is little less to wonder at that a young and inexperienced mother should often be at her wits’ end to know what to do with her child. The complicated organism of the baby puzzles older and more experienced heads, and how best to steer the frail barque through the shoals and quicksands of infant life needs considerable thought and study: but once having mastered a few general principles and common-sense rules, the thing becomes easy, difficulties vanish, and dangers are avoided.

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When one thinks of the way infants are frequently treated, the wonder is not that so many suffer, but that so many survive. It is our purpose to follow the various stages of infant life from the time of birth up to the end of teething, devoting most of our attention, however, to the first eight or nine months. If a child successfully gets through these months in good health, it has a fair start on the ocean of life, and is likely to weather its storms. If, on the other hand, the seeds of disease are sown in those early months, or the constitution rendered delicate, the struggle to overcome the diseases incident to childhood will be a hard one.

Infant feeding is *the* thing that every mother should master. There is no more important subject which can engage the attention of every one who has anything to do with the rearing of children. This is especially the case where the feeding has to be done artificially, that is, by hand, instead of from the breast. Some babies, like some of an older growth, are hard as iron, and have stomachs like the ostrich, which is said to be able to digest nails. These children thrive in spite of bad feeding, but they are the exception. The bulk of mankind and babykind cannot be

trifled with, and thousands die annually from dietetic errors, and therefore from preventible causes. So much by way of introduction. Let us come to the point, and commence with a few hints to nursing mothers.

### THE NURSING MOTHER.

FOR the newly born babe Nature has provided in the mother's milk a perfect food—perfect in quality and in quantity if the mother be in good health. But much may depend upon the mother's health and constitution, and *much* on her mode of living. Where possible, every mother should nurse her baby; where this is impossible, the best substitute is undoubtedly a wet-nurse. Here the question arises—How are we to tell when a mother should suckle her child? The chief conditions which disqualify a mother for the office of nurse are:—When she is suffering from consumption, scrofula, tubercle, cancer or syphilis, or has a strong hereditary tendency to any of these diseases; when she is suffering from fever or any acute disease; or where the milk is so scanty or so poor in milk globules as to be useless; or when she is *enciente*.

With very delicate babies the mother's milk or a wet-nurse is almost essential ; \* at least this may be said with confidence—it will save a great deal of anxiety and trouble.

Science has done much to perfect artificial food for infants, but Science can never quite imitate Nature. Given, therefore, a healthy mother with plenty of milk, the child may be expected to thrive, provided the mother uses her common sense. Most people live on three or four meals a day ; some mothers think babies should have twenty or thirty ! No wonder they have indigestion and don't thrive. A new-born baby (unless very delicate) does not require to be fed oftener than every two hours. As it gets older the time should be extended to two and a half, then to three hours or longer. As *few* meals as possible should be the rule ; that is, let the effort always be in the direction of lengthening the interval between the meals so long as the child is quiet and happy. For it must be remembered the oftener the baby gets the breast or the bottle, the oftener it cries for it, the reason being that the

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\* In choosing a wet-nurse it should be known that the milk of a brunette is richer than that of a blonde.

child is uncomfortable and in pain from indigestion, not that it is hungry, though it may appear quite ravenous.

One portion of milk should be digested before another is given, thus allowing the stomach to get a little rest. A larger quantity of milk will in this way be taken at one time.

I have often seen babies almost starved to death from over-feeding; I have hardly ever seen one from under-feeding. It is not the quantity swallowed so much as the quantity assimilated that nourishes the child. The rule should be: let the baby take as much as it can at one time, than let a proper interval elapse before another draught is given. It is surprising how knowing babies become. Begin by feeding them every half hour or so, and you will find it hard work to break them of the habit. On the other hand, begin by feeding the child every two hours, and it will be quite content after a very short time to go two hours, and during the night three hours, for the first ten or twelve weeks of its life; after that, two and a half to three hours in the day, and three or four at night. A little trouble on the part of the mother or nurse will often suffice to quiet the child, and so tide it over until its proper feeding time.

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Perhaps of all the devices made use of for this purpose the least harmful is that of giving the child an india-rubber teat to suck, provided it is not perforated, or has the open end tied tightly with a string, so as to prevent the suction of air. I would here caution young mothers against the habit which some ignorant nurses have of giving the new-born baby a mixture of butter and sugar under the notion that it is necessary to do something to clear the baby out, not knowing that Nature has provided for this in the mother's first milk; the child should therefore be put to the breast soon after its birth. When, however, the child is to be brought up by the bottle, it may be necessary to give it a small tea-spoonful of castor oil.

When the mother's milk is scanty, can anything be done to increase it? Various remedies have been suggested, but none of them are very reliable. The best of these is a decoction of the leaves and stalks of the *Ricinus communis*, or castor-oil plant.

Many women believe that Stout increases the quantity of milk, and take it for that purpose. As a matter of fact, there is nothing special in the action of Stout. I believe that if the mother

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herself can drink a pint or two of new milk daily, she would find that as conducive to the flow of milk as anything she could take. The mother's milk may be abundant in quantity, but inferior in quality. If that be so, the child cannot get properly nourished. If too poor, it may cause the child to grow rickety.

The best drink to improve the quality of the milk is the Tonic Iron Ale, a new beverage recently introduced. It combines the tonic properties of hops with an easily assimilated preparation of iron, and seldom disagrees. Iron in some form improves the mother's general health, and the milk soon shows signs of the improvement by its effect on the baby. The mother, when nursing, should be careful of her own diet, and should avoid anything that is indigestible or that disagrees with her. Late hours and heated rooms, worry and other mental influences will injuriously affect the milk. The mother as well as the child should be much in the open air and sunshine, and lead a calm and even life.

The offspring will be benefited thereby.

## THE NURSERY.

AS infants spend so large a portion of their time in the nursery, a few hints with regard to it may be found useful. The nursery should, if possible, be a large room, at any rate well ventilated, but free from draughts. Anything like draught should be carefully avoided, especially with delicate children. Few nurses understand the principles of ventilation, so it is necessary that the mother should be able to instruct them. The temperature at which the nursery should be kept will depend somewhat on the state of the weather. It should not be kept too warm, otherwise the child is apt to take cold when it is taken into another room, neither should it be kept too cold. In the winter the air of the room should not be cold enough to condense the breath, that is, if the mother breathes into the room the breath should not be visible; if it be visible the room is too cold. That is a rough-and-ready method of ascertaining the temperature. Every nursery should contain a thermometer, and 60° Fahr. will be found a convenient and agreeable temperature for cold weather. A fire, besides warming a room,

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causes the air in it to circulate and change more freely than it otherwise would. This is a great advantage. The chief disadvantage of a fire is that it causes a draught. A child should never be allowed to remain between an open door or window and the fireplace, as that is in the direct line of draught. Even when the door and window are shut there is some draught between them and the fire, so, when the room is large enough, or constructed so as to allow of it, the cot or crib should be kept out of that line unless a screen be used. A screen surrounding the cot is better than curtains, as it allows of more ventilation, and yet protects the child from draughts. Where there is no fire there is not so much current of air, as it is the heat of the fire that causes the current. The possibility of draught must not be forgotten even in the summer. Doors or windows on opposite sides of the room should never be kept open at the same time; if they are on the same side it does not matter so much, or if they are on adjoining sides it is easier to keep out of the draught. The simplest method of ventilating a room so as to cause little or no draught is the following:—

Open the bottom sash of the window a foot or

eighteen inches, get a carpenter to make a board to fit tightly to the opening under the bottom sash, which should be pulled down closely on to the board. The air then rushes up between the two sashes, and is thrown on to the ceiling, where it mixes with the upper and warm stratum of air, and so does not come down on one's head in a cold current. This answers far better than more elaborate and expensive methods of ventilation, and may be left day and night unless the weather be damp.

The nursery should have a south aspect, and perfect cleanliness is indispensable. There should be as few unwashable things (carpets, curtains, etc.) as possible. Of course the child itself and everything belonging to it should be perfectly clean, and the nurse should be forbidden to dry wet clothes in the nursery.

During very hot weather great care should be taken to keep the nursery cool, and it may be advisable to change the room when practicable. Too much heat is as bad as too much cold, and the baby must be guarded equally from both, for both these have their dangers, though of a different sort.

## THE BATH.

MANY babies enjoy their bath night and morning. The only thing about the bath that need be mentioned here is its temperature, and when a child is at all delicate no bath should be given without the use of the thermometer. If the water be too cold (more especially at night) it is apt to congest the liver; if too warm it becomes debilitating. About blood-heat—that is, 98° Fahr.—is safest; it should seldom be hotter. The colder it can be borne with safety the better for the child, as it is more strengthening and invigorating. When the water is much colder than the blood its effect on the child should be carefully watched, for what would suit one constitution might greatly injure another. Should the colder bath be preferred, give it in the morning, as then the child is more repellent than it would be at night.

When the baby is teething, or feverish, or gets irritable, a warm bath at night has a very soothing effect. If there is any suspicion that a child is sickening for measles or scarlet-fever, it should at once be put into a hot bath, 105° Fahr., for a few

minutes, taken out and quickly dried, then put into blankets so as to induce perspiration. This will often succeed in bringing out the eruption, and can never do any harm.

### INDOORS AND OUT.

WHEN the baby is indoors it is mostly asleep if it be in good health. Eating and sleeping are conducive to growth. During the first three or four weeks the child should sleep with its mother, after that it is healthier for it to have a cot of its own. Its coverings should be warm but light. The sleep of the healthy infant is calm and sound, its breathing slow, and its limbs relaxed. In disease the rest is disturbed and broken, the respiration is noisy, there are sudden startings, and the child awakes fretful and peevish. Where there is a tendency to convulsive disorders, the thumbs are turned inwards, into the hands. When the baby is in health it is lively on awakening, and seeks the breast or bottle.

After the first three or four weeks the baby should be as much in the open air as possible if the weather be favourable. Children are like

plants, and require plenty of air and sunshine. When the weather is cold or damp more care is required, but even a cold dry air, if the child is warmly wrapped up, will be less injurious than always keeping it indoors. Damp and draughts, or very cold winds, are the only things to be avoided. In towns nursemaids may be often seen standing with their perambulators at the corners of streets with a cold wind cutting round the corner. This is a sure way to give a child bronchitis.

The nurse should not be permitted to loiter about talking to acquaintances, but should keep on the move unless the weather be very warm. Perambulators are now constructed so that the youngest baby can lie in them with comfort and safety; but when a young baby is taken out in one in winter weather, the nurse should feel its hands and feet occasionally to make sure it is keeping perfectly warm. A young baby should not be taken out before midday in the depth of winter, and should always be in two hours before sunset.

Should the baby be pre-disposed to bronchial attacks it should not be allowed out when the wind is in a cold quarter.

No fixed rules can be laid down either as to the time the child should sleep, or should be in the open air. It cannot, under favourable conditions, have too much of either.

Unless the infant, during the first few months, sleeps eighteen hours out of the twenty-four, there is probably something wrong, indigestion, pain from over-feeding, or other cause.

When the child has restless nights, the mother should take care that the nurse does not give it any of the many soothing syrups and quack remedies, as they are all more or less injurious, as an opiate in some form is the invariable ingredient. Now opiates are the one class of medicines that should never on any account be given a young child without medical advice. One drop of laudanum has been known to kill an infant.

#### FOOD OF INFANTS.

**M**ILK is the meat and drink of babies. For the first six months or longer they need nothing else. Milk is not only the natural food, but it is the best food. Various preparations are sold to take the place of milk, but there are grave objections to nearly all of them. We have already

said, when speaking of the nursing mother, that her milk is the best. Next to that, because most closely resembling it in composition, comes asses' milk.

When the mother cannot suckle her child, and the latter is delicate, asses' milk should be obtained. The following table shows at a glance the position different kinds of milk hold to the mother's milk:—

	Asses'.	Women's.	Cows'.	Goats'.	Ewes'.
Casein . . .	1·82	1·52	4·48	4·02	4·50
Butter . . .	2·11	3·55	3·13	3·32	4·20
Sugar of Milk .	6·08	6·50	4·77	5·28	5·0
Different Salts .	0·34	0·45	0·60	0·58	0·68
Total Solids .	10·35	12·02	12·98	13·20	14·38
Water . . .	89·65	87·98	87·02	86·80	85·62
	100·00	100·00	100·00	100·00	100·00

The casein (the curd) in women's and asses' milk is nearly the same, but the butter is in smaller proportion in the asses'; on that account it is more easily digested by some children. It also contains more water. On the other hand, cows' milk contains the same amount of butter

as women's milk, but too much casein, and too little sugar. In order, therefore, to bring it nearer to the mother's milk, milk fresh from the cow must have some water and sugar added to it. As it is often impossible to get other than cows' milk, that will in most cases answer every purpose.

Should the baby brought up on cows' milk show signs of indigestion, *boil* a teaspoonful of baked flour with each bottle of milk, of course letting it cool to the proper temperature before giving it to the child. This does good, not for the actual nourishment of the flour, but because it breaks up the casein of the milk, and so makes it easier of digestion.

For a new-born baby one part of milk, two parts of water, and one lump of sugar will be quite strong enough. When the child is a month old, a little less water need be added, till at three months old half-and-half will be weak enough. So as the child grows in months the milk should be increased in strength, till at the age of six or seven months milk without any water should be given. When the milk is poor and the baby does not thrive on the proper proportions of milk and water, and yet cannot digest it less diluted, a good plan is to add to each bottle a teaspoonful

of cream, as it is in the fatty elements of the milk the deficiency lies. On this addition the child should soon show marked improvement. Sometimes the child is plump and yet weakly. In such cases a little weak beef tea, mutton or veal broth, may be given alternately with the milk. One thing not to be overlooked in feeding with the bottle is the temperature of the milk. To give the child sometimes a very hot bottle, then a very cold one, will frequently cause the milk to disagree, and bring on indigestion. The milk should never be above blood heat, the same warmth as the mother's milk, that is, from 95° Fahr. to 98° Fahr. It is better to give the milk always cold rather than at widely differing temperatures. In very hot weather, should the baby be inclined to diarrhœa, it would be best to give the milk cold, even adding a small piece of ice; lime water instead of plain water is often useful in such circumstances. When a child is not thriving, more than ordinary care should be taken in the matter of heating the milk.

When the baby suffers from constipation, as it frequently does, instead of adding plain water to the milk, add water that has previously had oat-meal or bran-meal soaking in it for some hours

and been strained off. Or add a pinch of bi-carbonate of soda (baking soda), or a teaspoonful of fluid magnesia to each bottle. Mutton broth also has a relaxing effect. Asses' milk sometimes causes diarrhœa, so when cows' milk causes troublesome constipation, asses' milk may be substituted when it can be procured.

When the occasion for the above has passed away, it will be well to go back to the ordinary mixture of milk and water. It is a bad plan to have recourse to the frequent use of aperients, such as castor-oil, magnesia, powders, etc. By changing the food the constipation of babies can nearly always be overcome.

When the food contains too large a quantity of nutritious matter it is apt to cause vomiting and diarrhœa, for that which is not digested only irritates. Hence the mischief that often arises from feeding infants with some of the various advertised preparations, given in addition to milk. Rusks, tops and bottoms, and biscuits of all kinds are abominations, and do more than anything else I know of to produce diarrhœa and indigestion.

None of the preparations that have yet been made can take the place of milk. Chemically they may be as nearly allied to milk as possible,

yet general experience proves that their effects on infants are very different ; that may be on account of their more difficult digestibility. Milk is, like natural mineral waters, inimitable by art. There is something in the natural products that cannot be imitated exactly. Most of the farinaceous foods are little else than baked flour sweetened and coloured ; and for the purpose of breaking up the casein of the milk, as before stated, a small quantity of baked flour answers as well as any of the advertised foods for infants. The intense heat required for baking makes the starch more soluble and more easily digested. After a certain age, say nine months, the digestive organs get stronger, and can then digest different foods better. This is also the case with very robust children. Here it should be remembered that they are robust *in spite of*, and not *because* of the food added to the milk. Well-boiled sop made from ordinary baker's bread answers as well as most things, and should always be given when the child is weaned if old enough to digest it. When the child is a year old it may have thin slices of bread and butter, or bread and gravy, the yolk of an egg lightly boiled, and milk messes generally. Condensed milk is bad when given exclusively to

infants. Those who are brought up on it usually look fine, fat, plump babies from the large amount of sugar the milk contains ; but my experience is that they have no *stamina*, and are soon cut down by a slight illness. Therefore, young children should never be fed entirely on condensed milk, though children over the age of nine months may have the Swiss milk given to them with other food.

I need scarcely add that milk should be perfectly fresh, and should be obtained from the cow at least twice a day ; it should be kept in a cool place, and two feeding bottles be in use, the empty one being kept in cold water with a little baking soda.

Milk from “one cow” is a delusion when living in a town ; even if it can be obtained I think the child is safer when fed on mixed milk—that is from different cows. When a young baby is taking the breast, and only requiring cows’ milk once or twice a day, it is better not to use a bottle, but to give the milk by a spoon, for in this way more care must be used by the nurse. Allowing the baby to go to sleep with the tube in its mouth, or letting it suck half the night, is very reprehensive, and may ruin a child’s digestive

organs. During the night, as during the day, *regularity* should be insisted on. Not only will this be better for the child, but, before long, it will give less trouble to the nurse.

Much has been done lately in the laboratory to prepare pre-digested food, that is to say, foods that have undergone changes similar to those which take place in the stomach, thus enabling them to be readily absorbed by the weakest stomach, and without almost any effort to digest. Of these, the best for young delicate infants is peptonised or pancreatised milk. For older children there are various kinds of starchy foods similarly treated.

### THE COUNTENANCE.

TO the experienced mother the face is an index to the feelings and wants of her child.

It is generally thought difficult to tell when a young child is suffering, and what the matter is. This is not so. An infant never deceives; every feature and expression of the countenance is natural, and to one who has studied the face is as easy to read as is the face of a dial. Soon the observant mother can tell when there is anything

wrong, and not only so, but what is wrong. “As the tongue speaketh to the ear, so the countenance speaketh to the eye.”

First study the face as a whole: the calm, contented look of perfect health is wanting; its smile is gone; there is neither happiness of body nor mind. In its expressions of uneasiness or pain we first discover the invasion of disorder or disease.

At one time the face is heated and flushed, at another it is cold and pallid; at one time it is dry and hot, at another cold and clammy. Something is going to happen; the mother should be on the alert. The child is sickening for some infectious disease, or it is the beginning of some organic disease or disorder. If the mischief be in the brain, the child will toss about its head, and raise its hand to its head, or attempt to do so if very young. The eyes lose their lustre, and become vacant or staring; the eye is half open, or perhaps there is slight squinting; the child looks dull and stupid. At times there are convulsions of all the features. The breathing becomes irregular—for a few seconds very slow, then just as rapid. Any of these symptoms are very serious, and require the immediate attention of the physician.

Where the upper part of the face is altering slowly, the forehead becoming prominent and bulging, the cranium larger, the veins on the temple and forehead large and visible, the head covered with perspiration while the child sleeps; these all point to a condition of things that will, if allowed to go on, eventually lead to hydrocephalus or water on the brain.

When the lungs are the seat of mischief the infant may show few signs to attract the mother's attention. For this reason it frequently happens that extensive congestion or inflammation of the lungs runs its course unnoticed for a day or two, even to within twenty-four hours of death, the mother regarding the illness as a simple cold. In such cases the mother may always notice quick breathing, and during each inspiration the nostrils will be seen to *expand*. This latter symptom, accompanied as it is by a dusky, livid appearance of the cheeks and lips, shows the serious nature of the case.

When the stomach and bowels are the organs affected, the mouth, lips, and cheeks are the parts of the face that first show signs of alteration. The cheeks appear sallow and sunken, the mouth drawn, and the lips colourless or brown. The

look is peevish and fretful, the features become sharpened, the eyes sunken. The face has an old look about it, becoming thin and wasted; altogether the expression is most characteristic.

In certain affections of the liver, and in jaundice, the countenance takes on a yellowish hue; when the heart is the seat of trouble the face becomes deep blue or purple. When a child is sickening for measles, the swollen eyelids, the red and watery conditions of the eyes, are invariably present. It will thus be seen what a useful mirror the face is in a child too young to tell its troubles. If some of the serious diseases that attack infant life were early recognised, many a life would be saved that is now lost.

Time is of the utmost importance if we would give the infant a chance in its conflict with fell disease. The battle is often lost before a single sword is drawn on the child's behalf.

#### WEANING.

**A**T what age should the child be weaned? This will depend on a variety of things, but generally the age of nine months may be taken as a suitable time, and certainly never later than

twelve months. The mother's milk becomes poor in quality, and not sufficient of itself to the wants of a child much over the age of nine months.

The child will have to be weaned earlier if it is not thriving, though some mothers think this a reason for continuing lactation, having the idea that it would be a pity, while the child is delicate, to withhold the comforts of the breast. This is not right. The probability is that the child is not thriving because the milk is poor, the sooner in such circumstances the child is weaned the better, as much mischief may be thus avoided. Again, if the mother is not strong, it is advisable to wean the child early; or if she is suffering from any illness, or is pregnant, the milk becomes unwholesome, and the child will suffer by being suckled. Either of these causes will necessitate the early weaning of the child. There are no causes that I am aware of which will justify the period being extended over the age of twelve months.

The fact that the child is late in cutting his teeth is not a sign for prolonging the breast, but, on the contrary, a reason for leaving it off, as that is good evidence that the child is not thriving

on the milk of the mother, but is rather inclined to rickets; and whenever there is the least sign of this latter condition the diet must be changed for one more nourishing.

If possible, the weaning should be done gradually, and at a time when the child is in fairly good health, and not suffering from any feverish attack, the result, it may be, of teething. When the child has been entirely brought up on the breast, the substitution of cows' milk or beef tea once or twice a day should be adopted to begin with. The mother should always bear in mind that too sudden or too great a change in the diet may cause diarrhœa or convulsions. For two or three months after weaning the food should consist of cornflour made with milk and water, bread sop, thin gruel, any of the farinaceous foods, well boiled, and, if need be, strained beef tea, or veal broth. When the child has got accustomed to this, spoon-food may then be given, as mashed potatoes with gravy, light puddings, an egg softly boiled, bread and milk, and thin oatmeal porridge well boiled. Not till the child is about eighteen months old should meat be given; and then only a little chicken, or lean roast mutton, white fish, well-cooked vegetables, simple

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cakes and biscuits. For drink, plain water or toast and water, or milk and water is the best. On no account should malt liquors or wine be given. Tea and coffee are not good, but a little cocoa with milk may be given.

Sometimes a child will wean itself, and refuse to take the breast ; more often there is a difficulty in getting the child to take anything but the breast. This is especially the case in children who have been put to the breast without any method or regularity. However, by a little management, and judicious starving, the child will soon take other nourishment, either through a feeding bottle, or from a spoon. If the mother cannot succeed in this way to get the child to take the breast along with other food, it must be suddenly and completely cut off from the breast. It is better to do the thing gradually. When a child begins to take a fresh kind of diet particular notice should be taken to see whether it is agreeing with the child.

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"NO LANGUAGE BUT A CRY."

"An infant crying in the night

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And with no language but a cry."

THE great French physician, M. Trousseau, laid it down as an aphorism, as little liable to exception as any aphorism of Hippocrates, that when a child sheds tears, a favourable prognosis may be delivered in any disease, however threatening the symptoms; while, on the contrary, when this is not the case in painful diseases, and especially if the eyes are dry and sunken in the orbits, great danger to life exists. It should, however, be borne in mind that infants under three or four months seldom secrete tears, as the lachrymal gland is not much developed till after that age. The first indication the infant gives of life is a cry, and the louder and lustier that is the better.

The properly nursed healthy infant cries but little; when it does the cry expresses pain, hunger, or discomfort. The commonest cause of crying is "wind," and this is as troublesome as it is common. The bowels become distended, the child draws up its legs, and cries sometimes for

an hour or more ; faulty feeding or indigestion is the cause of the wind. The milk curdles, fermentation and flatulence result. When the child vomits it is sometimes relieved ; more frequently the partially digested food passes through it as curd, with a green motion. This latter is due to acidity—the green being caused by the action of an acid on the yellow bile. A few grains of bi-carbonate of soda, or some lime-water added to the milk, will relieve the acidity.

A teaspoonful of peppermint water or aniseed may comfort the baby and do no harm, but the only radical cure is to get rid of the indigestion.

Violent paroxysms of crying, if prolonged, are injurious, causing congestion of the brain, sometimes convulsions.

When the stomach is the seat of trouble, the cry is persistent and acute ; when it is due to brain mischief, there is a single sharp cry, but not prolonged ; it occurs at rather distant intervals. When the child is teething its cry is fretful in character but not persistent, the child being restless, putting its hand up to its mouth, and tossing about its head.

## TEETHING.

THE teeth are difficult to get, difficult to keep, and difficult to lose.

Most children experience the difficulty of getting them. The usual time when children begin to cut their teeth is at the age of six months; some are earlier and some are later. When the child is at all delicate it is eight or ten months old before there is any sign of a tooth. When the child is rickety or has a tendency that way, teething is always late; in such cases there is a deficiency of lime in the body, hence the development of the bones and teeth is retarded. Nevertheless, the child may enjoy good health during the process. If the appearance of the teeth be delayed beyond eight months, the child should be put on one of the syrups which contain lime, Parrish's Food being as good as any. The order in which the teeth appear is:—on the lower jaw the two central teeth (incisors); these are followed in a week or two by the corresponding teeth of the upper jaw. In a month or six weeks after, one on either side of the two on the upper jaw appears, then two more on the lower jaw. When the child

is a year or fourteen months old, the front double teeth (molars) of the under jaw are cut, and shortly after those of the upper, the four "eye teeth" (canines) not appearing until the child is eighteen or twenty months old. Last of all, between the twentieth and thirtieth months, the second or back double teeth pass through the gums. There are twenty teeth in all, and they go by the name of the "milk teeth."

Some children suffer comparatively little during dentition, and but for being a little more fretful during the day, and somewhat restless during the night, the mother will scarcely recognise when "baby's got a tooth." On the other hand, teething puts a severe strain on the constitution of some children, more especially on the nervous system; hence they frequently have convulsions, or muscular contractions of the face during sleep, and rolling of the eyes. Some cut their teeth with diarrhoea. I would here caution mothers against the common error that nothing should be done to check the diarrhoea. Should it be only a slight relaxation it may be left, but it certainly should not be allowed to weaken the child. Other children again have skin eruptions, especially on the head. Steps should be at once taken to cure

them, and not allow them to become chronic. Bronchitis is not an infrequent accompaniment of teething; in such cases more care will be required to protect the child from draughts and from the cold and damp. During dentition more than usual care should be taken in the feeding, and in the early months not to enter on any trial of different foods. The combined irritation of dyspepsia and of cutting a tooth would be very likely to cause a fit or diarrhoea.

Should anything be done to assist the gums when a tooth is threatening to come through? The old plan of lancing the gum whenever a tooth was expected is happily dying out. In ninety-nine cases out of a hundred it does no good, and frequently does harm by causing a scar, which will simply make the gum harder for the tooth to penetrate.

The difficulty of exit does not lie in the gum but in the bony part of the jaw, therefore lancing can do nothing to relieve that condition. In a few solitary cases, when the gum is swollen and inflamed, the bleeding after lancing may relieve the congestion, but will not expedite the appearance of the tooth,

## CONVULSIONS.

CONVULSIONS are as alarming as they are serious. What causes them, and how can they be guarded against?

There are three great common causes of convulsions: teething, worms, and dyspepsia. Teething we have already mentioned. It is in delicate children who are scrofulous or rickety, and therefore liable to brain troubles, that convulsions most frequently occur, and it is in this class of cases where they cause grave anxiety.

Worms are a frequent cause. When these are removed, a thing not difficult to do, the fits disappear. Over-feeding, or feeding with unsuitable food, is the third cause; and when the fits are brought on by this a good dose of castor-oil may be all that is required to prevent a recurrence; the cause being recognised, the mother or nurse is not likely to repeat the indiscretion in the diet. Remove the cause, and the symptoms will disappear. That is one of the most fundamental principles in medicine and surgery, and should ever be kept in view in dealing with children.

What is the mother to do when the child is

in a fit? The little one should be immediately placed in a bath of hot water, up to the neck, and kept there for five or ten minutes, the head being kept cool by means of cloths dipped in vinegar and water or iced water. The child should then be rolled in a blanket. Should another fit come on the bath should be repeated. By this time it is probable the physician will have arrived, who will take the necessary means to prevent a recurrence. Sometimes the fits recur so frequently, and last so long, that there is no opportunity to give medicines; in such cases the best thing is to have the child put under the influence of chloroform.

#### SICKNESS.

**W**HEN infants take too much milk they often bring up a mouthful or two of it. That is a good thing for the baby, and often prevents indigestion. But when they bring up almost everything they take, and as soon as they take it, the matter assumes a serious aspect.

It does not take much to reduce the strength of young children. Much judgment is required in choosing a food that will agree, as it is mostly

in hand-fed babies that we meet with severe cases of sickness.

If cows' or asses' milk disagree with a very young baby, a wet nurse should be obtained if possible. Where this cannot be done the best must be made of the means at hand. The milk should be diluted with lime-water instead of plain water, and not too much given at one time. If that fail, it should then be tried iced; if the iced milk cannot be retained, then try peptonised milk (Fairchild's); should that fail leave off milk altogether for a short time. In the interval apply a mustard leaf to the pit of the stomach for fifteen or twenty minutes, and let the stomach rest as much as possible, only giving during the day, to quench the thirst, a few spoonfuls of *Eau Albuminose*, which is made by taking the white of a new-laid egg, putting it into a pint bottle of water with a lump of sugar, and well shaking. The baby will probably keep this down. After twelve hours or so a little weak beef-tea may be given at intervals. By this treatment the stomach usually recovers itself, and will then be able to retain the ordinary milk diet. In these cases of persistent sickness the two things to be attended to are rest to the irritable stomach, and a change of

nourishment, which latter must be given in small quantities, and frequently. Without this care as to diet, the medical part of the treatment will often be unavailing, and neither the minute doses of calomel, or “the grey powder,” or the bismuth (one of which the physician will doubtless prescribe), will be equal to the task of stopping the sickness. Sickness often comes on by itself, but more commonly it is associated with diarrhœa, which we will speak of in the next chapter.

#### DIARRHŒA.

**T**HIS is perhaps one of the most frequent complaints of infancy, and one of the most deadly. By it, strong, healthy children will be brought in two or three days to the verge of the grave. What must it do with delicate ones?

Diarrhœa often begins with an attack of vomiting, and the worst forms of it are always accompanied by sickness, the contents of the stomach being first expelled, and afterwards a greenish-coloured mucus. The sickness is quickly followed by relaxation of the bowels, the evacuations at the commencement consisting of a healthy motion, and then “loose, copious, bright yellow stools.”

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If this continue, the motions assume a "green spinach-like appearance," mixed with lumps of solid curd. If this be the result of teething, it may cease spontaneously, or it will readily decrease under the influence of medicine. Should the diarrhœa occur in the winter, there need not be much cause for anxiety; but if in the summer or autumn, and in a hand-fed baby, no time should be lost in having it checked. When sickness and diarrhœa are combined, it will often be impossible to cure them if the child be allowed to continue its usual milk diet. In such cases, when the vomiting is stopped the diarrhœa becomes worse, and *vice versâ*, till the child is brought to a state of extreme exhaustion. The only hope in these cases is to leave off milk entirely; the congested lining of the alimentary track being quite unable to digest the casein, and the curdled milk only irritates. In cases like these I have often had good results by giving Mellin's food mixed with boiling water, in the proportion of one teaspoonful of the food to an ordinary baby's bottle. This food does not require boiling, but must be put into a *hot* cup, and have *boiling* water poured on it, then well stirred before adding it to the milk. At first it usually appears to make the

diarrhœa worse, but soon the sickness abates, and twelve hours after the diarrhœa gradually ceases. By continuing the food for some days, the child begins to pick up, then the mother may go back again to the milk.

However, when Mellin's food fails, the only chance of saving the child's life is to feed it on raw meat prepared in the following way: Take half-a-pound of lean raw beef, cut it up into small pieces and pound it in a mortar, add two table-spoonfuls of cold water, then strain through fine muslin, flavouring it with a little salt; then give a teaspoonful to the baby every hour or half hour to begin with. This must be given during the day, as much as the child can bear.

It will probably be able to take the whole half-pound during the day. The sickness will subside, and the diarrhœa will gradually become less. This will have to be continued for two or three days, till the child begins to refuse it, then Mellin's food and milk, or beef-tea may be tried again.

I have seldom found this treatment fail to cure the diarrhœa and sickness, even when used in apparently hopeless cases. Whilst the meat juice is being taken, the doctor will be able to

administer astringents, especially tannic acid and mild opiates. Great care will have to be exercised for some time in the feeding, the child being kept, during the summer, in cool airy rooms.

Sour milk is often the cause of diarrhœa ; therefore in hot weather especial care should be taken in this matter. When the milk will not keep perfectly fresh during the night, it is better to boil it, or to add a little baking soda to it.

In the ordinary way, milk is better not boiled, I believe, although some authors recommend boiling it. Certainly anything is better than milk turned.

### POTBELLY.

*T*ABES is the medical term given to this condition. It is seen in delicate, strumous, badly tended, or imperfectly nourished children. When the child is undressed, a large prominent stomach is seen, out of all proportion to the rest of the body. If allowed to go on, the child will be seen to waste, its limbs and chest becoming very thin, the latter showing every rib. If the bowels are pressed the child will cry, and draw up its legs. The bowels are usually relaxed, the motions are often unhealthy, of a light clay colour,

and extremely fœtid. The abdomen is tense; there is great pain and general debility, which rapidly increases. This is consumption of the bowels.

Young children seldom suffer from consumption of the lungs, tubercular disease preferring to attack the glands of the bowels, or the membranes of the brain. It would lead, however, beyond the scope of this little book to discuss consumption. I only mention it to put mothers on their guard when they see their children with very large stomachs.

The liver in all babies is a large organ, and plays an important function in the economy of their system. There is no organ so apt to get out of order in the child, and congestion of the liver is the beginning of this condition of potbelly. One of the earliest symptoms of this congestion of the liver is pale motions, somewhat the colour of clay. This shows an absence of bile, and if allowed to go on will invariably lead to malnutrition and wasting. This will, sooner or later, be followed by enlargement of the mesenteric glands, and the train of symptoms before described. How are we to prevent, and how are we to cure, this congestion of the liver?

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Among the causes are unsuitable food, teething, exposure to cold and chills, the use of too cold baths, a scrofulous inheritance, bad hygienic surroundings—in short, anything that affects the health by weakening the constitution.

Having ascertained the cause, and as far as possible removed it, what is to be done to cure the congestion? The application of moist warm flannel sprinkled with turpentine, and applied externally over the seat of the liver; the judicious administration of medicines which stimulate the liver and promote the flow of bile, of which there are many, such as minute doses of calomel, grey powder and soda, and benzoate of ammonium; these should be followed by tonics such as syrup of phosphate of lime, cod-liver oil or Parrish's food, at the same time making such changes in the feeding as are possible in young babies; change of air to the country, and where the air is not too strong. Young babies are often upset if taken to too bracing an air; hence the reason why sea-air so often disagrees with them, though, where it does not, it is the very thing wanted.

Rubbing the stomach gently every morning with cod-liver oil, or olive oil, also adding a little cream to the milk taken, will often be useful.

After acute diseases children are often much emaciated, and the abdominal walls, having lost some of their power, are easily distended from flatulence alone, the result of the weakened condition of the digestive organs. The belly consequently becomes very distended. This condition soon passes off when the child gains strength and gets fat again, and must not be confounded with consumption of the bowels.

#### WASTING.

MUCH that has been said in the last chapter applies to this, as wasting is one of the accompaniments of potbelly.

Wasting in children is brought on by various diseases, the most common being consumption of the bowels, or membranes of the brain. Short of that, however, there are causes of a less serious nature, but if these are neglected, the child is apt to drift into more serious conditions.

Certain kinds of indigestion cause emaciation, so does unsuitable diet; both of these are associated with more or less of diarrhoea. The mother is apt to think, because the child is getting thinner, it requires more food, and so more food is given,

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with the result that the child goes on wasting; whereas if less food were given, and that of a more digestible character, there might be a chance of improvement. Errors of diet must first be rectified, then cod-liver oil should be given. In speaking of cod-liver oil let me say a word as to when it should be given. Mothers often say children cannot take it. There are very few children who cannot digest it, if it be only given in small enough doses to begin with. Commence with three or four drops, and not with a teaspoonful, once a day, and give it with, or after, food, *not* on an empty stomach. As the stomach gets accustomed to it, the dose can be increased to ten or fifteen drops, and given two or three times a day. Begin with a small dose, and gradually increase until a teaspoonful is reached, which is quite enough to give at one time.

Sometimes an emulsion of cod-liver oil—and there are many good ones in the market—suits better than the plain oil, though otherwise they have no advantage.

Rubbing in oil under the arm-pits or on the abdomen will also be useful. Cream is a good substitute for oil.

If a child should get thinner during suckling,

the first question should be, is the mother's milk getting poor in quality? If it be, a change of milk should be tried, and if it be only a question of nourishment the change of diet will bring back the child to its normal condition. Should it fail to do so, the physician should be called in to find out the cause. In hot weather children frequently grow thinner, so they usually do after weaning; but if there is nothing more than a loss of superfluous fat, the loss is of no consequence. It is as well, however, to notice whether the liver is doing its work; if it be, and there are no pale motions, the mother need not worry, as the child will probably be lively, and have a good appetite in spite of its getting thinner. The presence of worms sometimes causes children to get thin in spite of the fact that they eat ravenously. If there be a suspicion of their presence, means should be taken to get rid of them.

#### ERUPTIONS.

THE infant is liable to most of the skin diseases that trouble those of older years. This is not to be wondered at when we consider the delicate structure of the baby's skin. An

impression is soon made on it, and on account of its vitality, is easily removed. Nearly all skin eruptions are but local manifestations of some general constitutional disorder, and it is this latter that must be attended to. An attack of indigestion, the irritation arising from cutting a tooth, or diarrhoea, may cause a skin eruption; blood poisoning from hereditary syphilis, or gout, bad hygienic or sanitary surroundings also act on the blood or nervous system of the child, and frequently result in some skin disease. Besides these, there are external influences, such as excessive heat, or chills, bad soap, or want of cleanliness, which irritate the sensitive skin of the infant, and so produce an eruption. The head or face is the part most frequently attacked, then in the folds of the skin of the neck, groins, and armpits. There is a common belief among nurses and others that skin diseases in children should not be interfered with, and that, especially during teething, it is rather a good sign than otherwise; that to drive them away would probably cause the child to have fits. Now all mothers should understand that whatever is not in accordance with perfect health should be got rid of as rapidly as possible, and that it is never right or

proper to have a disease, whether it be in the skin, or any other part of the body; therefore the sooner proper steps are taken to get rid of it, the better for the child.

There is also a notion that to use external applications, as ointments and lotions, will drive the disease *inwards*. That would be a very undesirable thing to do if it were possible. But skin affections are not to be moved about in this manner. At the same time, it should be known that it is generally not enough for the cure of the eruption merely to resort to external applications, otherwise the eruption may appear again in the same, or some other part of the body. The seat of the affection must be attacked; that is to say, the blood, the dyspepsia, or the irritation caused by teething. The cause being, as far as possible, removed, simple remedies will usually suffice to cure the eruption. The moment, therefore, an eruption appears inquiry should be made as to the likely cause; and by having that removed at once the child will be saved an unsightly appearance, and also the possibility of the disease becoming chronic. Hereditary skin affections, for obvious reasons, are the most difficult to cure; but even they can always be kept in abeyance if

not entirely eradicated. On the appearance of any skin eruption then, the first thing is to see whether the diet of the child be faulty, and if so, have that remedied. If the eruption appear simultaneously with a tooth, means must be employed to allay irritation; but if it be due to some hereditary poison, as gout, or syphilis, to have these diseases treated with suitable remedies. There are a great number of different skin diseases, but for the purpose of the mother or nurse the treatment of them all is very similar.

Take first the common eruption found between the folds of the skin of the neck or on the top of the thigh, hot, red, and with perhaps a slight "weeping," which if neglected becomes raw. It is found in well-nourished babies, as well as in those who are not so robust. In fat babies the perspiration between the folds of the skin irritates, and causes the inflammation, or if the child be not carefully washed and dried that may bring it on. The treatment is simple: a few alterative powders night and morning, and keeping the parts well dried and powdered with starch, zinc, violet, or vinolia powder.

*Eczema* occurs most frequently behind the ears, or about the ears, but of course it may appear on

the head and face, and other parts of the body. There is a slight discharge or "weeping" from the eruption; this, when chronic, is one of the most troublesome of the skin diseases of childhood, for on the very slightest cause it will re-appear again and again. Careful attention must be given to the diet; change of air will often have a marked effect. Grey powders and soda, or magnesia three times a day, followed by tonics, cod-liver oil, and small doses of arsenic, will be required. Externally, the application of golden ointment (citrine ointment) night and morning, with the finger, over the eruption should soon cure it.

Thus with most of the common eruptions the treatment will consist:—

1. In attending to the milk. If the mother's milk be poor, changing it for something better. If the infant is being brought up by hand, and the cow's milk has disagreed, or if the child has been fed on some indigestible farinaceous food mixed with the milk; by making an entire change, as pointed out in the chapter on infant feeding.

2. Attending to the *liver* and *stomach*, giving ant-acids—as magnesia, or lime-water, or, for a few days, alterative powders.

3. External applications :—Using a pure soap, of which more will be said further on ; putting a little baking soda into the child's bath, and gently rubbing the spots with golden ointment. When there is a large crust (*impetigo capitis*) on the head, bread poultices must be used to get off the scab before rubbing the ointment in, otherwise the ointment will do no good.

The question of toilet soap is not an unimportant one for children with a tendency to skin disease. The difficulty is to choose ; there are so many in this age of soap. It is doubtful whether, among so many, there is one perfect soap, that is, one not having a free alkali. Soft soap contains caustic potash, which is very irritating to the skin. Yellow soap contains caustic soda, which is almost as bad. A glycerine soap should be good, as glycerine has a soothing and healing effect on the skin. The medicated soaps are only useful when a stimulating effect is required for the skin ; a soothing, and not a stimulating, effect is what is generally required for the baby's skin. Too much soap should never be used where there is a tendency to eruptions, nor too much rubbing. Soft, or rain water, should be used when possible ; failing these

if the water be very hard it should be boiled before being used. Certain substitutes for soap may be tried when soap seems to disagree, or the skin disease is liable to recur. Amongst these are fine oatmeal, bran, and fuller's-earth. These act mechanically, and if used carefully will clean the skin as well as if soap were used.

The only other eruptions which we need notice are the *parasitic*, that is, those that have a parasite as their cause, and are therefore contagious, such as ringworm and itch. Neither of these, however, are frequent in infants. Should they occur, an ointment made of sulphur, and smeared over the body night and morning, care at the same time being taken to frequently change the clothing, will speedily cure the itch. For ringworm a daily application of sulphurous acid with a camel hair brush will destroy the parasite. But as ringworm generally occurs in children who are rather debilitated, the internal use of tonics, such as Parrish's food or Fellowe's food, will expedite the cure.

## EYES, EARS, AND MOUTH.

## THE EYES.

**N**EW-BORN babies frequently suffer from an inflammatory affection of the eyelids, which causes them to swell, so that it is impossible for the child to open its eyes. A considerable quantity of matterly discharge comes away. This affection is rather painful, and unless active treatment be adopted the child will have its sight impaired temporally, and sometimes permanently.

Simply bathing the eyes is not sufficient to cure this; it is necessary to forcibly open the lids with the finger and thumb, and then to well wash the eyes with a little warm milk and water. This must be done several times a day, so as to get rid of all the discharge. It will be necessary also to use a little lotion made of sulphate of zinc—a weak solution—one grain to the ounce of water being sufficient. If this treatment be persevered with for a few days the congestion will subside, the swelling disappear, and the child be able to open its eyes, and so ulceration of the cornea may be prevented. The cause of the trouble is some irritating discharge having entered the baby's

eyes, or exposure to cold, or an irritant soap getting into the eyes. Perfect cleanliness and frequent bathing is essential.

Sometimes the edges of the eyelids are the seat of inflammation. This happens in delicate children. The eyelashes adhere together in the morning, the eyelids are red and painful, and the child cannot bear the light. The child requires tonics and change of air. In order to prevent the lids sticking together, after bathing them in warm water, they should be gently rubbed with a little golden ointment.

*Strumous Ophthalmia* sometimes comes on after weaning. The eyes are inflamed and sensitive with great intolerance of light. This condition is always associated with greatly deteriorated general health. The eyelashes soon become affected, and are long and irregular, and secrete a sticky discharge, which cements the eyelids together in the morning. Cod-liver oil, iron, and tonics should be given; a nourishing diet and change of air if possible. For an eye lotion use some mild astringent such as alum, or sulphate of zinc in a weak solution. The eyes should be protected by a shade.

## THE EARS.

NEXT to the eyes the ears are the most important. It is surprising the number of children one meets with, especially among the poor, who are more or less deaf, the reason of this being that many mothers attach little importance to discharges from the ears, and therefore leave anything the matter with the ears very much to Nature. Children frequently suffer from ear-ache, and I think this is often due to the fact that nurses take very little trouble with the ears to keep them clean, though, on the other hand, some nurses are so exceedingly anxious to get rid of every portion of wax which Nature has provided, that they have been known to poke inside the ear with a hairpin. This is a most dangerous practice. A soft sponge is the best thing to wash the ears with, and will go into the ear as far as is necessary for cleansing purposes. (I would here caution mothers against the danger of "boxing the ears," which is frequently done by nurses as children get older and become troublesome. Mothers should put their veto on this, as it often causes inflammation of the ears, and the

mischief done may not be discovered until some time afterwards.) If wax and dirt are allowed to accumulate they set up slight inflammation, and hence the ear-ache. This may, with a little hot bathing, subside, or it may extend, and so cause a gathering; the discharge forces itself out, and so relieves the pain.

In some cases, however, the inflammation extends inwards to the brain, and sets up serious mischief there; if the child be at all weakly this danger is increased. When a young baby suffers from mischief in one of its ears, that mischief may very easily be unnoticed by its mother. The child cries very much from the pain, tosses about its head, and when any pressure is made on the ear cries more loudly. The baby becomes hot and feverish. The treatment in all cases of suspected mischief in the ear should be the application of a hot bread poultice over the ear, bathing the part with hot water, and gently syringing out the ear with warm soapy water, dropping into the ear warm glycerine, or glycerine and a drop or two of laudanum. Everything should be done to soothe the pain, and encourage the discharge which so often follows severe pain. A sudden stoppage of the discharge, followed by pain, is

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a dangerous sign, and hot applications should immediately be resorted to. Then if the discharge come away freely, daily syringing with warm water and Condy's fluid, or a few drops of carbolic acid, will keep up the discharge till the parts are healed. Unless this be done there is danger of the discharge becoming chronic, which in most cases means more or less deafness. Especial care and watchfulness should be given to the ears after a child has recovered from measles or scarlet fever, as it is often after one of these illnesses ear mischief commences.

#### THE MOUTH.

**T**HRUSH is very common in babies a few weeks old. The back of the tongue is the first part to show the white specks, then it spreads to the tip of the tongue, and sides of the mouth; if neglected, it runs all along the alimentary canal, and, as nurses say, "goes through the child." It is easily cured, and prevented from spreading if attended to in time. Cleanliness is the thing that is required. Immediately after taking the breast or the bottle, the mouth of the baby should be washed out to prevent the

accumulation of milk round the gums. This can be done with a small piece of sponge, or a camel-hair brush dipped in warm water, or in borax and water, or better still, if the mouth be very bad, borax and glycerine—*not honey* and borax, as the parasite thrives on honey. The mother's nipple should also be attended to in a similar manner.

It will do good to give the baby a small dose of castor-oil.

### RICKETS.

RICKETS in a mild form is a very common disease, and a very insidious one; it is only when allowed to go on unattended to that the bones begin to bend, or get thickened at the ends. Rickets is always the result of imperfect nourishment; anything, therefore, which interferes with the nutrition of the child, whether it be some disease, or simply improper feeding, so reducing the general strength, may be followed by this affection. Reduce the strength to a certain point, and we get the first stage of rickets; prolong that state, and we get changes in the bones.

The first stage, therefore, is one of debility, which we have often described before : profuse sweating of the head, perspiration standing on the forehead like beads, often running down the face. This is worst at night, and the pillow under the child's head may be quite wet. The veins of the forehead become large and full, and are well marked. The perspiration may cause pimples about the head and temples, and back of the neck.

The child is restless at night, turning his head from side to side on the pillow, and always kicks off the bedclothes ; this is because the lower part of the body is hot and dry. Even in cold weather the child will be found lying quite uncovered.

The appetite is bad, the bowels are capricious, relaxed one day, followed by constipation the next. The stools are whitish, curdy-looking, and very offensive.

The food is passed half digested. The child has no desire to be nursed, and cries when that is attempted, rocking, or any movement, apparently putting the child in pain. It is tender all over the body. If old enough to walk, he prefers to sit, or lie about, he is dull and languid, and does not care for his toys. After two or three

months the head will appear to get larger, the wrists and ankles will become thickened from swelling in the ends of the long bones. If the disease is not arrested, the other bones suffer—the chest, the spine, the arms and legs. In bad cases almost every bone in the body becomes affected, the long bones are bent, the flat bones are thickened, and the child sits, as it were, in “a heap.” The forehead is broad, square, and high, giving the child a very peculiar appearance; the top of the head is flattened, and the fontanelle (the opening in the top) remains open—often very widely open. The teeth are very late in coming, or if they have commenced their progress is arrested, and they soon decay. The face assumes an old appearance, the eyes are large and staring.

Children suffering from this disease are liable to bronchitis, convulsions, and water on the brain. The great danger in bronchitis with them is, that, owing to the malformation of the chest, they have scarcely the power to throw off the phlegm. It is unnecessary to say that an attack of diarrhœa will soon destroy the little strength such children have; and they are always threatened with relaxed bowels.

The picture drawn of the progress of this

disease is not a pleasant one. There is this consolation, however; there is no disease more amenable to treatment, especially if treated at an early stage. I would again impress on the mother the insidious onset of the disease.

Many children are fat, and healthy looking, the admiration of their friends, and yet an experienced eye can tell that the early signs of rickets are present. On the other hand, a child may be very thin, and yet the bones be perfectly strong and healthy. The mother should look out for some of the early symptoms already described, and especially for lateness in teething. A distinguished English physician (Sir W. Jenner) says: "If the ninth month pass away without the appearance of a tooth, the cause should be carefully inquired for, and will always be found in rickets."

*Treatment.*—As this disease, in the first instance, is brought about by mal-nutrition, it is evident that the first thing to attend to is the digestion.

It is worse than useless to begin by giving tonics and more nourishing food until the organs of digestion are first put into such a condition as to be able to utilise them. I am certain that the very first organ that is at fault in such cases is

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the *liver*. That, as I have so often said, is so liable to become congested, and the congestion so apt to be overlooked; thus digestion is imperfectly performed, and the nutrition of bone and muscle suffers in consequence. Whenever, therefore, there is evidence of congestion of the liver—pale motions being the best indication to the mother, as that shows the absence of bile—a few alterative powders, such as grey powder and soda (see page 85), should be given; these must be continued, off and on, until a change takes place. A change of diet is also desirable; afterwards, for the purpose of getting up the strength of the child, a little cod-liver oil should be given. Iron in some form or other would be beneficial, but the most suitable tonic of all is lime, the syrup of the lactophosphate of lime being an exceedingly useful and pleasant preparation for children. Parrish's food is also good. Change of air will assist the cure. If this simple treatment be adopted, the rickets will soon be cut short, and the child be restored to its normal health. As a recurrence is possible, the mother must be on the outlook, more especially during the process of dentition. The forementioned preparation of lime will assist dentition very much, as *lime* is *the* thing that the teeth, as well

as the bones, are deficient in. When babies take the bottle, the addition of lime-water to the milk is another means of supplying lime to the system, its only drawback being that it is apt to constipate the bowels.

### WORMS.

**I**NFANTS at the breast do not suffer from worms, as worms are supposed to be conveyed through drinking water. It is therefore a wise precaution to have all the water that children drink boiled, more especially if the water be taken from a well, or if there are dogs or other domestic animals about. The lower animals are very subject to worms, and if they get at the water used for drinking purposes they may contaminate it, and so cause worms in children. It should also be borne in mind that children who are not in good health, or whose digestive organs are in an unhealthy condition, are more liable to worms than those who are strong and vigorous. Worms require a certain soil in which to fructify; an unhealthy lining of the digestive canal is just such a soil as they thrive in.

Roughly speaking, there are three kinds of

worms to which children are liable: thread-worms, round-worms or earth-worms, and tape-worms. The symptoms are: grinding the teeth, picking the nose, itching of the nose, and at the end of the bowel; the breath is foul, and the appetite capricious; the face is puffy, with dark lines under the eyelids. The child is restless at night, starts during sleep, and wakes up frightened and crying. Sometimes there is a dry cough. The belly sometimes swells and gets hard, and pain or a creeping sensation is felt in the region of the navel. The bowels are usually confined, and when they are not, there is usually a good deal of straining. Worms are frequently the cause of convulsions and jaundice.

*Thread-worms* are so called from their appearing like tiny pieces of thread from a quarter of an inch to half an inch long. They always inhabit the lower extremity of the bowel, and they cause a good deal of irritation there. When they are very abundant they may be seen crawling out. They give rise to straining, and a feeling of unrest in the bowels; they often cause prolapse, or a coming down, of the bowel. Sometimes the irritation of them brings on diarrhœa.

The simplest way to destroy these worms is to

give, by means of a small syringe, an injection of castor-oil and turpentine, about two teaspoonfuls of each, alone, or with a little gruel. This may require to be repeated, but will effectually destroy the worms. Afterwards a simple aperient powder, and attention to the diet will complete the cure.

The *round-worm* closely resembles the earth-worm, and hence called by that name, measures from four to fourteen inches long. It inhabits the small bowels chiefly, sometimes passing into the stomach, and is vomited. This is the worm that causes jaundice by crawling into the bile duct, and so obstructing the flow of bile. It is not very common in children under three years of age.

These worms are more apt than the thread-worms to cause nervous symptoms, such as convulsions and St. Vitus' dance. They may also cause chronic diarrhœa. Various worm powders and cakes are sold for the destruction of these worms, and they are all more or less useful. A few grains of alterative powder, followed several hours after by a santonine powder, always kills the worms, and a dose of castor-oil will pass them through.

*Tape-worms* scarcely ever attack young children, but when they do they are very difficult to get

rid of. The symptoms are rather obscure, the only sure evidence of their presence being pieces of the worm in the child's motions. These worms are jointed in appearance, and frequently measure several yards.

### INFECTIOUS DISEASES.

**B**EFORE concluding this little work, it is necessary to give a few directions to the mother that she may know how to act should her child be attacked by any of the infectious diseases. Firstly, that she may *early* recognise their onset; and secondly, how the child is to be isolated, and what precautions are to be taken to prevent the spread of the disease. When the baby becomes fretful, and refuses the breast or bottle, the skin at the same time becoming dry and hot, with the face flushed, and the pulse beating quickly, the mother should be on the look out for some of the fevers that are so common in childhood. When there is any suspicion of such a thing, the child should at once be placed in a hot bath, temperature 100° Fahr., kept there for a few minutes, taken out, dried quickly, and placed in blankets. The child should then be carefully examined to

see whether there are any spots visible ; if so, the doctor should be sent for at once. The bath will always do good by bringing out the eruption if there be any to come, or by soothing the child if the feverish attack be only the result of cold, dyspepsia, or teething.

*Measles.*—Should the child be sickening for measles, after the bath an eruption of *slightly* raised spots will be seen on the chest, face, and neck, then on the arms and other parts of the body ; the eyes will be at first dull and heavy, then red, perhaps accompanied by running at the nose, and the face will appear rather swollen. Measles is a very infectious disease. If a child be only taken into a room for a very short time, where another child is suffering from measles, it is almost certain to take it. It will not appear, however, until ten or twelve days afterwards. This is called the period of incubation ; that is, after exposure to the infection it takes ten or twelve days to develop. The eruption lasts for three or four days, and then fades away ; the child is feverish for three or four days before the eruption appears ; that makes a week altogether. This disease is most infectious when the eruption is out.

*Scarlet Fever* or scarlatina are one and the same thing. When this is coming on, after the bath the eruption will appear on the chest, and *not on the face*.

The eruption differs from that of measles in *not* being *raised* above the skin, but appears in fine spots diffused all over the chest, and of a bright scarlet colour. The child, if old enough, will complain of sore throat, and the tongue and lips will be more than usually bright or scarlet. The eruption remains out three days, and usually appears the day after the feverishness. The period of incubation is four to six days, and the fever is most readily conveyed to others after the eruption has disappeared, that is, during the period of desquamation, or the peeling of the skin. As this process continues for at least a month, the child should be completely isolated for six or seven weeks. Frequent medicated warm baths will hasten the peeling. Smearing the body with carbolic oil does good, acting as an antiseptic, and preventing the particles of skin from flying about the room. It is this cast-off skin which contains the contagion, therefore great precaution should be taken at this period.

*German Measles*.—This is a combination of

measles and scarlet fever, and requires similar precautions to those described under scarlet fever. If there be peeling of the skin, care must be taken against infection until that is completed.

*Chicken-pox* is another contagious disease, though never very serious. The rash appears in the form of clear vesicles or small transparent blisters the size of a millet seed, or small pea. The eruption continues out about six days, then dries and falls off; the period of incubation is four days.

*Small-pox.*—The eruption of small-pox is at first quite unlike chicken-pox; it assumes the form of a pimple, which after a couple of days gets rather flattened. During the next day or two the top of the pimples become vesicular, and contain yellowish-looking fluid, still rather flattened in appearance, with a slight depression in the centre, giving the appearance of a dark speck. Meanwhile they are increasing in size, until, on the ninth or tenth day of the fever, little scabs form, which fall off about the fourteenth day. The period of incubation is about twelve days, and the eruption first shows itself on the third day of the fever. When the eruption comes out the fever leaves the child, but reappears at the end of

the first week. The larger the number of pimples the severer will be the attack; and if they are thickly set and run together, confluent small-pox is the result, and this is always a bad sign. Vaccination is now so universal that one seldom sees very bad cases of small-pox. When, however, that has been neglected, small-pox still is a deadly disease. Should the baby be attacked with small-pox before it has been vaccinated, vaccination should be performed with all possible speed. The two diseases run their course together, and unless the small-pox has got a strong hold the vaccination modifies the small-pox. Vaccination, if properly done, is a better protection against small-pox than is small-pox itself. Rarely do we see vaccinated children within six or seven years after vaccination take small-pox; more often does small-pox itself occur twice in seven years. We have, then, in vaccination almost a perfect protection against small-pox. I only wish as good a preventative could be found against the other contagious diseases. One attack of scarlet fever protects the patient from a second; not so with measles. A second and even a third attack is not infrequent. So a second attack of small-pox is common enough, though many persons believe

that having had one attack of small-pox they are for ever protected from a recurrence, and that vaccination in their case is unnecessary.

## HOW TO PREVENT THE SPREAD OF INFECTIOUS DISEASES.

THE art of disinfecting, and so preventing the spread of infectious diseases, is worth the careful attention of every mother. It is quite possible that one child may have so very mild an attack of scarlet fever as to seem scarcely ill at all, and yet from this child another may take the disease so badly as to be very ill indeed, or even to lose its life. Hence the need for the most systematic and careful process of disinfection being carried out during the whole course of the fever.

As soon as the presence of any infectious disease is discovered, prompt measures should be taken to prepare a room suitable for isolation, for the nursing of the little one. In the first place, remove all surplus furniture, take away any heavy curtains or carpets; let the room be as bare and empty as possible. Then cover the under mattresses of the bed *completely* (under-

neath as well as above) with a large sheet, just leaving one small bed or mattress above the sheet that can be turned about for the comfort of the child. By this means the articles that will require disinfecting at the close of the illness will be reduced to a minimum.

If possible, a top room is the best for the isolated chamber, for the purpose of preventing others in the house from getting the disease; but it is important, for the sake of the sick one, that the room should be as large and airy as possible. Where convenient, it is best that the nurse and the invalid have the top landing to themselves, and if there be a staircase window just below the landing keep that constantly open top and bottom; remove the stair carpets, and the isolation is complete. A sheet dipped in some disinfecting fluid should be hung up outside the door of the sick room. This should be kept constantly wet with the disinfectant.

Disinfecting fluid should be sprinkled about the floor several times a day, more especially under the bed. If it be hot weather, the floor may be washed every day with water and disinfecting fluid. A pail or bath of water containing disinfecting fluid should be kept outside the

door, and all plates, dishes, spoons, or utensils of any kind used in the sick room by the nurse or patient should be put into this pail when done with, if they are to be washed downstairs.

No person should be allowed to enter the room with articles that are needed; they should be placed outside the sheet, and the nurse should take them into the room. If the weather be warm enough, and the child's bed or cot out of the line of draught, or protected by a screen, it would be as well to keep the door open for the sake of ventilation. A small fire in an open grate, if the weather will allow of it, is also a useful means of ventilation. All clothes that are taken from the little patient's body or bed must be passed through disinfecting fluid and water before being washed, and all that passes from the child must be disinfected before it leaves the room.

The nurse should wear cotton dresses, and all her clothing should be passed through disinfecting fluid and water before being washed with other clothes.

In summer weather, if the attack has been a mild one, the child may be quite well enough to go out of doors for weeks before it is free from infection. In this case, the nurse and child

should be careful not to come into contact with any other members of the household, and not to enter any of the other rooms, but take their walk, and on returning home go straight to the isolated chamber. The disinfecting bath has been already referred to ; it is very useful, and should be kept up until the peeling of the skin is entirely completed. When this is over, the child should be given its final medicated bath, and be dressed completely in clean clothes ; it will then be in a fit condition to mix with other members of the family.

After this, the sick room and all that it contains must be thoroughly disinfected.

One way of doing this is to carefully close up *all* apertures into the room by pasting brown paper over them, if there be an open fireplace closing it up ; spreading all the furniture and bedding out as much as possible, then to set fire to some sulphur placed on an old tray or stone slab in the centre of the room, and leave the apartment closed up for twenty-four hours. After which, have the ceiling and walls swept down, and the paint and floor washed with water containing some disinfectant, all washable articles being passed through disinfecting fluid and water. Another and more effectual way is

to send all the bedding away to be disinfected by steam, to get the walls stripped of their old paper, and have them and the ceiling distempered. The most important thing to be remembered with regard to disinfecting is, let it be done systematically and thoroughly.

There are a great number of disinfectants useful and good. For choice clothing, a more expensive one would be required than for ordinary cleaning. But as some of these disinfectants, if used together, counteract one another, it will be advisable to ask the medical man's advice as to the ones to be used for various purposes.

## DRUGS.

THE object of this book is not to make every mother a doctor. There is much truth in the saying, "A man who doctors himself has a fool for a patient." I have consequently carefully avoided giving long lists of drugs that might be used in certain diseases, or a number of prescriptions that have been, and are, beneficial. It is an unwise thing to use a prescription containing a number of remedies, unless one is certain as to the action each drug will have. Because a certain

prescription has benefited the individual to whom it was given, it does not follow that it will cure a different person, even supposing he were suffering from exactly the same disease. But the chances are that he is not, but that there are elements in his case which were not in that of his friend. Much more dangerous is it to use complicated prescriptions for a young child, unless under medical advice. Nevertheless there are a large number of what may be called household medicines, which every mother should know something about, and how to handle. Were it not for these, the doctor might be in constant attendance where there is a family. Besides, the quick and judicious use of simple remedies will often prevent an illness. My object has been to teach the mother to recognise when her child is going off the line of health, and by the use of a simple drug bring it back; that failing, she will be wise to at once consult her family physician. Another thing I would guard all mothers against is the use of quack medicines, the advertisements of which are found in all local newspapers. It may be taken for granted that remedies which are said to cure everything will cure nothing, and leave the patient worse than he was before.

*Ant-acids.*—These are drugs that destroy or neutralise acids; they are very simple in their action, and safe as simple. Acidity is one of the most frequent occurrences in digestion, especially in babies brought up by hand. The milk itself is sometimes sour, or on the verge of sourness. Every one knows that a little baking soda added to the milk will neutralise the acid, and so remove the sourness. A similar thing takes place in the stomach when an ant-acid is given; it destroys excess of acid, and so prevents trouble.

*Bicarbonate of soda* (baking soda), then, is one of the simplest and most useful remedies for young children. A few grains of it added to each bottle of milk will soothe the stomach and aid digestion when it is disturbed, as shown by the milk being brought up curdled. Immediately after the necessity for the soda has passed away, it should be discontinued.

*Magnesia* is another household remedy, and acts in a similar manner to soda, but is more of an aperient. Fluid magnesia is a very useful preparation for children.

*Prepared Chalk* is another harmless drug for occasional use, especially in diarrhœa, or where the bowels are too relaxed. Enough to cover a

square half-inch may be given to a baby two or three times a day with a little water.

*Carminatives.*—This class of remedies is very useful for babies who suffer from wind. They produce a feeling of warmth in the stomach, and assist the baby to expel the wind. Hence they are very soothing and comforting for children. Peppermint water, essence of aniseed, dill water, chloroform water, and syrup of ginger are among the best known. A little of either of these given alone (if not too strong to catch the child's breath), or with a little sugar and warm water, will comfort the baby, and send it to sleep.

*Purgatives.*—This class of remedies is apt to be abused. The rule should always be with these remedies—use them as seldom as possible. Castor-oil and olive-oil are safe and simple, their only action being to clear out the bowels. Then there is rhubarb powder, or better still Gregory's Powder (a mixture of rhubarb, magnesia and ginger). The first action is aperient, the next is astringent, hence they are so often useful in mild cases of diarrhoea. They are safe for children of any age; so is syrup of senna, another favourite purgative.

A different class of purgatives, and one that

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requires more caution in using, one that I have frequently mentioned in the course of this book, is the *Mercurial*—grey powder and calomel. They are both perfectly safe for children if given in minute doses. What I call *alterative* powder is composed of grey powder, soda, and minute doses of ipecacuanha ; so called on account of its power to *alter* the state of matters existing, and bring them back to the normal. It will alter the colour of the baby's motions, as well as their character. It puts the stomach and bowels in a better position to digest and assimilate the milk or other food. Small doses frequently repeated act better than one large dose. One to two grains, according to the age of the child, may be given three or four times a day, and for two or three days in succession, if necessary.

Minute doses of calomel—a quarter of a grain—in sugar may be given in a similar way for a similar purpose. Either of these powders are excellent “teething powders,” better than many of those advertised for that purpose, because safer.

The need of purgatives may often be obviated by using a small piece of castile soap introduced into the bowel as a suppository, or by using daily

friction over the belly with the hand alone, or with olive oil or soap liniment.

An enema is often very serviceable when a child is about a year old: soapsuds, warm water, or thin gruel, or a teaspoonful or two of castor-oil thrown up gently into the bowel through a small tube well oiled.

*Tonics.*—For children the best tonics are Parrish's food, Fellowe's syrup, or syrup of the phosphate of lime, and cod-liver oil. The bitter tonics are too nauseous for children.

*Soothing Medicines* must be used with great caution with young children. All opiates should be absolutely prohibited unless under medical advice; so ought all advertised or patent soothing medicines.

For *coughs* and *colds*.—A little syrup of squills or ipecacuanha wine will relieve the phlegm; the latter will cause vomiting if given in twenty or thirty-drop doses. This will prove advantageous if the child be very wheezy, and the chest blocked up with mucus.

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